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CONFIRMATION NO. 6699

|  |   |   |                               |   |                           |
|--|---|---|-------------------------------|---|---------------------------|
| <b>SERIAL NUMBER</b><br>10/828,350   | <b>FILING OR 371(c) DATE</b><br>04/21/2004<br><b>RULE</b>   | <b>CLASS</b><br>052   | <b>GROUP ART UNIT</b><br>3635 | <b>ATTORNEY DOCKET NO.</b><br>3845-001-27   |                           |
| <b>APPLICANTS</b><br>John Hildreth, Ellicott City, MD;                                   |   |   |                               |   |                           |
| <b>** CONTINUING DATA *****</b>  |   |   |                               |   |                           |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |   |                               |   |                           |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 06/29/2004    |   |   |                               |   |                           |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged |   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> met after Allowance<br>Examiner's Signature: <i>John Hildreth</i> Initials: <i>JH</i> | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>20 |
|  |   |   |                               | <b>INDEPENDENT CLAIMS</b><br>4  |                           |
| <b>ADDRESS</b><br>24510  |   |   |                               |   |                           |
| <b>TITLE</b><br>Framing system   |   |   |                               |   |                           |
| <b>FILING FEE RECEIVED</b><br>493  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |